

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JOSE LANDA
and GARLAN SUPERMARKET, INC.

Plaintiffs,

Case No. 08 CV 5830

- against -

UNITED STATES DEPARTMENT OF
AGRICULTURE, FOOD AND CONSUMER
SERVICE

AFFIDAVIT OF SERVICE

Defendant.

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

X

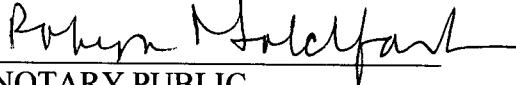
ASTON G. EVANS II, being duly sworn, hereby deposes and says as follows:

1. I am not a party to this action and I am over the age of eighteen (18) years and reside at 1529 East 172nd Street, Bronx, New York.
2. On July 1, 2008, at 9:10 a.m., at 201 Varick Street, Room 609, New York, New York deponent served the within Summons and Complaint on the United States Department of Agriculture, Food and Consumer Service, defendant therein named, a federal agency, by delivering thereat a true copy to Alexander Wilson personally. Deponent knew said federal agency so served to be the federal agency described in said Summons and Complaint and knew said individual Alexander Wilson, Program Technician, thereof, and who indicated that he is authorized to accept service on behalf of the federal agency.
3. Alexander Wilson is a white male, age 51-65, 5'9"-6'0", with a bald head and weighs 131-160 lbs.
4. At the time of service, I asked Mr. Wilson if he is in active military service for the United States of America or for the State in any capacity whatever or dependent upon a person in

active military service and received a negative reply.


ASTON G. EVANS, II
License No. 1220069

Sworn to before me this 8th
day of JULY, 2008


NOTARY PUBLIC

ROBYN GOLDFARB
Notary Public, State of New York
No. 02GO6164684
Qualified in Bronx County
Commission Expires April 30, 2011

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
JOSE LANDA : **AFFIDAVIT OF SERVICE**
and GARLAN SUPERMARKET INC., :
Plaintiff, :
: Case No. 08-cv-5830 (BSJ)
-against- :
:
UNITED STATES DEPARTMENT OF :
AGRICULTURE, FOOD AND :
CONSUMER SERVICE, :
Defendant. :
-----X

STATE OF NEW YORK)
COUNTY OF BRONX)ss.:

TRINIDAD TOLAND, being duly sworn, hereby deposes and says:

1. I am over 18 years of age, I am not a party to this action, and I reside in Bronx, New York.
2. That on June 30, 2008, your deponent served the Summons in a Civil Action issued by the United States District Court, Southern District of New York Clerk and the Complaint on:
 - a) United States Attorney's Office, Southern District of New York, Attn.: Civil Process Clerk, 86 Chambers Street, New York, New York 10007 by certified mail, return receipt requested #7007-2680-0000-7595-2323, pursuant to F.R.C.P. Rule 4(i)(1)(A)(ii) with a courtesy copy to Joseph Cordero, Esq., Assistant United States Attorney with the United States Attorney's Office, Southern District of New York, 86 Chambers Street, 3rd Floor, New York, New York 10007, certified mail, return receipt requested #7007-2680-0000-7595-2422;
 - b) Attorney General of the United States, United States Department of Justice, Room B-103, 950 Pennsylvania Avenue N.W., Washington D.C. 20530-0001, by certified mail,

return receipt requested #7007-2680-0000-7595-2491, pursuant to F.R.C.P. Rule 4(i)(1)(B)

c) United States Department of Agriculture, Food & Nutrition Service, 201
Varick Street, Room 609, New York, New York 10014, by certified mail, return receipt requested
#7007-1490-0004-6973-5916, pursuant to F.R.C.P. Rule 4(i)(2).

Sworn to before me this
16th day of July, 2008

Trinidad Toland
TRINIDAD TOLAND

Myrna Socorro
NOTARY PUBLIC

MYRNA M. SOCORRO
Notary Public, State of New York
No. 02SO6109100
Qualified in Westchester County
Commission Expires April 26, 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney's Office
Southern District of New York
86 Chambers Street
New York, New York 10007

Attn.: Civil Process Clerk

2.

PS

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

TFord

Agent
 Addressee

B. Received by (Printed Name)

TFord

C. Date of Delivery

7/1/08

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

2323
7595
2680
7007

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OFFICIAL USE

Postage \$ 1.68
Certified Fee \$ 0.70
Return Receipt Fee \$ 0.20
(Endorsement Required)
Restricted Delivery Fee \$ 0.00
(Endorsement Required)
Total Postage & Fees \$ 2.58

6/30/08 06/30/2008

Sent To Attn.: Civil Process Clerk
United States Attorney's Office
Street, Apt. No.: Southern District of New York
or PO Box No. 86 Chambers Street
City, State, ZIP+4 New York, New York 10007

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph Cordaro, Esq.
 United States Attorney's Office
 Southern District of New York
 86 Chambers Street, 3rd Floor
 New York, New York 10007

2.

PS

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X***T Ford*
 Agent
 Addressee
B. Received by (Printed Name)*T Ford***C. Date of Delivery***7/1/08*
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

12

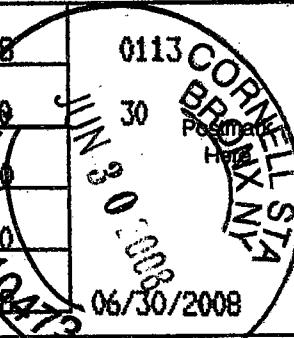
102595-02-M-1540

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For delivery information visit our website at www.usps.com®**OFFICIAL USE**

2422 7595 2680 0000 0000

Postage	\$	\$1.68
Certified Fee		\$2.00
Return Receipt Fee (Endorsement Required)		\$2.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.68



Sent To: Joseph Cordaro, Esq.
 United States Attorney's Office
 Street, Apt. No.: Southern District of New York
 or PO Box No. 86 Chambers Street, 3rd Floor
 City, State, ZIP+4
 New York, New York 10007

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney General of the U.S.
United States Dept. of Justice
Room B-103
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X***Edmund Park*

Agent
 Addressee

B. Received by (Printed Name)

111 07 2008

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

7007 2680 0000 7595 2491

PS Form 3811, February 2004

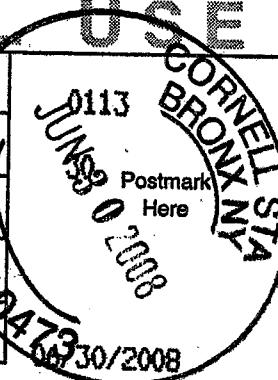
Domestic Return Receipt

102595-02-M-1540

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WASHINGTON DC 20530

Postage	\$	1.69
Certified Fee		\$2.76
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	6.55



Sent To Attorney General of the U.S.
United States Dept. of Justice
Street, Apt. No. Room B-103
or PO Box No. 950 Pennsylvania Avenue, N.W.
City, State, ZIP+4
Washington, D.C. 20530-0001

PS Form 3800, August 2006

See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Dept. of Agriculture
Food & Nutrition Service
201 Varick Street, Room 609
New York, New York 10014

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *John Wilson*

Agent
 Addressee

B. Received by (Printed Name)

A. Wilson

C. Date of Delivery
7/1/08

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number:

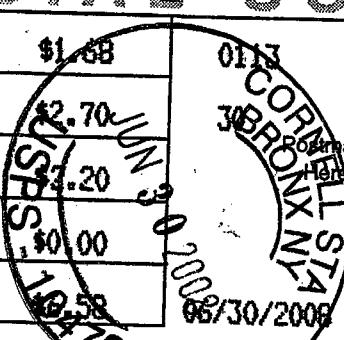
(Transfer from service label)

7007 1490 0004 6973 5916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com ®											
OFFICIAL USE											
6 9 7 3 5 9 1 6 0 0 0 4 0 0 0 0 1 4 9 0 2 0 0 7	<table border="1" style="width: 100px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Postage</td> <td style="text-align: right; padding: 2px;">\$ 1.68</td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td style="text-align: right; padding: 2px;">\$ 2.70</td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td style="text-align: right; padding: 2px;">\$ 3.20</td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td style="text-align: right; padding: 2px;">\$ 0.00</td> </tr> <tr> <td style="padding: 2px;">Total Postage & Fees</td> <td style="text-align: right; padding: 2px;">\$ 7.58</td> </tr> </table>	Postage	\$ 1.68	Certified Fee	\$ 2.70	Return Receipt Fee (Endorsement Required)	\$ 3.20	Restricted Delivery Fee (Endorsement Required)	\$ 0.00	Total Postage & Fees	\$ 7.58
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	Certified Fee	\$ 2.70									
	Return Receipt Fee (Endorsement Required)	\$ 3.20									
	Restricted Delivery Fee (Endorsement Required)	\$ 0.00									
	Total Postage & Fees	\$ 7.58									
											
0113 30 Postmark Here 07/30/2008											
Sent To United States Dept. of Agriculture Food & Nutrition Service Street, Apt. No., or PO Box No. 201 Varick Street, Room 609 City, State, ZIP+4 New York, New York 10014											
PS Form 3800, August 2006											
See Reverse for Instructions											